

**OFFICE OF THE CHAPTER 13 STANDING TRUSTEE**

Isabel C. Balboa  
Chapter 13 Standing Trustee  
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**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW JERSEY  
(Camden)**

In Re:

DOROTHY A. DURANT-DIXON

Debtor(s).

Proceedings in Chapter 13

Case No.: 18-35313-JNP

**TRUSTEE'S STATEMENT PURSUANT  
TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and  
1106(a)(4)**

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A - J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").

2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.

3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: March 11, 2019

ICB: KES  
via first class mail:

DOROTHY A. DURANT-DIXON

Respectfully submitted,

/s/ ISABEL C. BALBOA

ISABEL C. BALBOA

Chapter 13 Standing Trustee

## OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa, Chapter 13 Standing Trustee

## Certification of Business Debtor for Independent Contractor and/or 1099 Employee

Note: All fields highlighted in red must be completed.

Debtor(s) Name:

Dorothy A. Dixon

Case Number:

E-mail:

durantdorothy@aol.com

I, as the Debtor(s) named above, being of full age &amp; duly sworn upon my oath, depose and say:

I'm an Independent Contractor  
for:☒ 1 Company.☐ 2 Companies.☐ 3 Companies.☐ 4 Companies.☐ 5 Companies.☐ 6-10 Companies.☐ More than 10 companies.I'm an Independent Contractor  
for:

Griswold Home Care

I'm an Independent Contractor  
for:

myself. private client

I'm an Independent Contractor  
for:

The nature of my business is:

Home Care / personal care

I started as an independent  
contractor (mm/dd/yyyy):

5/16/16 - present

Individual Income Tax Returns  
have been filed with the IRS  
through the year ending:☐ 12/31/2011.☐ 12/31/2012.☐ 12/31/2013.☐ 12/31/2014.☒ 12/31/2015.☐ 12/31/2016.☒ 12/31/2017.☐ 12/31/2018.☐ 12/31/2019.☐ 12/31/2020.☐ Not Required.I have received all 1099-MICS  
through the year ending:☐ 12/31/2011.☐ 12/31/2012.☐ 12/31/2013.☐ 12/31/2014.☐ 12/31/2015.☐ 12/31/2016.☒ 12/31/2017.☐ 12/31/2018.☐ 12/31/2019.☐ 12/31/2020.☐ Not Required.

As an Independent Contractor, I: ☒ have been paid for all work I performed as of the time of filing.  
☐ have not

As an Independent Contractor, I: ☐ have W-2 employees.  
☒ do not have

As an Independent Contractor, I: ☐ use sub-contractors.  
☒ do not use

As an Independent Contractor, I: ☐ do have separate insurance for the work I perform.  
☒ do not

As an Independent Contractor, I: ☒ have an individual license for the work I perform.  
☐ do not have

As an Independent Contractor, my assets, including tools, equipment, inventory and accounts, total: All supplies needed are purchased by client.

**YOU MUST SUPPLY THE FOLLOWING DOCUMENT(S) WITH THIS CERTIFICATION OF BUSINESS DEBTOR:**

- ☒ PROVIDE COPIES OF THE LAST TWO (2) YEARS TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES, STATEMENTS, AND 1099-MISCs. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names, and birth dates.
- ☐ PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.
- ☐ PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See [www.nj.gov/njbusiness/licenses/](http://www.nj.gov/njbusiness/licenses/)) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.

PLEASE NOTE THAT BANK STATEMENTS AND / OR PROFIT AND LOSS STATEMENT MAY BE REQUIRED AFTER THE TRUSTEE'S REVIEW OF THIS CERTIFICATION AND THE DOCUMENTS PROVIDED.

I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.

- ☒ I have attached all required documents requested (i.e. Tax Returns, 1099-MISCs, Declaration Page for Insurance, License).
- ☒ I read and acknowledge Responsibilities as a Business Debtor ([www.standingtrustee.com/forms](http://www.standingtrustee.com/forms)).
- ☒ I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.

/s/ Print Debtor's Name:

Dorothy A. Dixon

/s/ Print Co-Debtor's Name:

Dated (mm/dd/yyyy):

11/29/18